

PART D. For Immigration and Naturalization Service Use Only.

☐ Fee Received. ☐ Waiver(s) of Grounds of Inadmissibility Granted Per Request.

Note all grounds waived and conditions attached thereto.

LEA Request: ☐ Granted ☐ Forwarded to DOS/VO ☐ Request Denied

☐ Change of Classification Granted ☐ Denied.

Signature: _____ Date: _____ Phone: () _____

Title: _____ INS Office: _____

PART E. For Department of State/Visa Office Use Only.

☐ FORWARDED TO CONSUL BY VO FOR Visa Approval; ☐ Not Forwarded

Signature: _____ Date: _____ Phone: () _____

Title: _____ Office: _____

☐ Visa Granted ☐ Visa Denied Signature: _____ Date: _____

Title: _____ Office: _____

PART F. Request to Allow An S Nonimmigrant to File for Adjustment of Status to Permanent Resident.

(This request may not be completed or submitted until the alien has fulfilled the terms and conditions of his or her S nonimmigrant classification.)

(For Department of Justice, Criminal Division use only)

(Please attach all relevant documentation establishing (1) the information certified to below; (2) the recommendations, and reasons for the certified recommendations.)

1. Name of LEA: _____ submitting request to allow an S nonimmigrant to file for adjustment of status: Date submitted: _____

2. CRIMINAL DIVISION (ASSISTANT ATTORNEY GENERAL) CERTIFICATIONS.

I Certify that (*alien's name*) _____ has

If S-5: ☐ Supplied the information that formed the basis of entry;
☐ The information substantially contributed to the success of an authorized criminal investigation or the prosecution of an individual as per terms of entry.

If S-6: ☐ Supplied the information that formed the basis of entry;
☐ The information substantially contributed to the prevention or frustration of an act of terrorism against a U.S. person or property or the success of an authorized criminal investigation of, or the prosecution of, an individual involved in such an act of terrorism.

If S-5 or S-6 ☐ Has received a reward under section 36(a) of the State Department Basic Authorities Act of 1956;
☐ Has abided by all the terms, conditions and specific 22 U.S.C. 2708(a) limitations of the S classification.

Other comments:

Signature: _____ Date: _____ Phone: () _____

Title: _____ Office: _____

3. FOR IMMIGRATION AND NATURALIZATION SERVICE USE ONLY:

☐ Adjustment ☐ Other action

Signature: _____ Date: _____ Phone: () _____

Title: _____ Office: _____

Form I-854 (6-1-95)